

**BUREAU OF MEDICINE AND SURGERY
ADOPT-A-SCHOOL PROGRAM
VOLUNTEER FORM**

Complete this form and forward to the BUMED Adopt-A-School Program Coordinator

1. I, _____, (participant's name) understand that participation in the BUMED Adopt-A-School Program is voluntary. I further understand:

a. I am committing my time to this program on a weekly basis and it is important that I attend every week.

b. I am responsible for completing all work assignments in a timely manner (i.e., participation in this program does not give me an excuse to miss deadlines).

c. That participation in this program must be approved by my immediate supervisor prior to participation.

d. That mission requirements may take precedence over this program and that determination should be made by my supervisor and me.

(Signature of Employee)

(Date)

(Job Title)

762-_____
(Extension)

2. I, _____, (supervisor's name) understand that Mr/Ms

(participant's name) desires to participate in the BUMED Adopt-A-School Program. I further understand:

a. That the above individual will be at an alternate work site every Tuesday from 0830 to 1130 for the duration of the 20 - 20 (school term, i.e., 2005-2006) program.

b. That mission requirements may take precedence over this program, but the above individual is committed to this program and I will make every effort to ensure their participation.

(Signature of Immediate Supervisor)

(Date)

(Code)

762-_____
(Extension)